

EXHIBIT C



POST OFFICE TO ADDRESSEE

EK160952823US

ORIGIN (POSTAL USE ONLY)		
PO ZIP Code 3541	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In Mo. Day Year 1 1 2001	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$ 12.45
Time In <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. ozs. 1 1/2	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials VLL	Total Postage & Fees \$

SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND
INSURANCE COVERAGE LIMITS



Customer Copy

CUSTOMER USE ONLY	
METHOD OF PAYMENT: Express Mail Corporate Acct. No. Federal Agency Acct. No. or Postal Service Acct. No.	
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.	
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	
Customer Signature	
FROM: (PLEASE PRINT) Jeffrey V. Bamber Company Eastern Regional Technical Center 11520 Read Hartman Highway Cincinnati, Ohio 45241	TO: (PLEASE PRINT) Commissioner For Patents Washington, D.C. 20231 GOV. PATENT APPLICATION

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.gov



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